

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035721

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 282

Primary Registration District No. _____

Registrar's No. 108

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300

Rev. 4/59

1084020840

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1290-0131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON1. **FILED OCT 11 1962**

a. COUNTY

Polk Countyb. CITY (If outside corporate limits, give TOWNSHIP, only)
OR TOWNDunnegan

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Polkc. CITY OR TOWN Dunnegan Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location) Reside on Farm
Campbell Twp. Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JewellC.Campbell4. DATE
OF
DEATH

Month

Day

Year

Sept291962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

II-18-03

9. AGE (last birthday)

58IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

State of Alabama

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

I. E. Cushman

13b. MOTHER'S MAIDEN NAME

Ada Campbell

14. NAME OF HUSBAND OR WIFE

James O. Campbell15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Flo Frost, Kansas City, Kans18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF STOMACH WITHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

WIDE SPREAD METASTASIS

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHUNKNOWNPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11 APR 62 to 29 SEP 62 and last saw her alive on 1 AUG 62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial10-2-1962Dunnegan CemeteryDunnegan,Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Barker-Butler - Fair Play, Mo. Oct 6, 1962Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Danny Martin, Student Embalmer No. 663

working under my personal supervision.

Student

Danny J. Martin
Signature of Student Embalmer

Signed

Paul D. Butler

Licensed Embalmer No.

4471

P. O. Address

Bolton, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.